

City of Lake Station

BUILDING DEPARTMENT

3701 Fairview Ave.
Lake Station, IN 46405

Phone and Fax: (219) 962-4444 or Fax(219)963-9275

Application for a Contractor's License

General Contractor(s) Licenses: \$100.00 + \$15.00 Registrant and/or Exam Fee

Sub-Contractor(s) "Specialty" Licenses: \$50.00 + \$15.00 Registrant and/or Exam Fee

Name of Company: _____
Phone: _____

Address: _____ Fax
No. _____

Phone: _____ Cell
Phone: _____

Name of Person Applying for
License: _____
(Print Name)

Home Address: _____ Phone
: _____

Applicant' Signature

Type of License Applying for: General____(Exam Required) Electrical
____(Exam Required)
Plumbing ____ (State License Required) Sub-Contractor ____ (Indicate Type of
Specialty) _____
Sewer/Septic License____

Number of years company has been in business? _____ Years of Experience _____ What
towns or cities is your company licensed in
? _____
—

Requirements: INSURANCE: All contractors shall require a minimum of \$
500,000. insurance coverage w/General Liability/Property Damage and
Workman's Comp. (cc: Insurance policy made out to City of Lake Station
@3701 Fairview Ave; Lake Station, In 46405)
BOND: \$5,000.Surety Bond to made out to "All Cities, Towns &
Municipalities in Lake County Indiana" BOND TO BE RECORDED at: Lake
County Government Complex -Phone @(219)755-3000
2293 Main Street; Crown Point,
Indiana 46307

License APPROVED this _____ day of _____, 20____
License DENIED this _____ day of _____, 20____

Licensing Board:

Account No:

License No.

Date Issued: